



September 19, 2016

Project No: **RPQ P0193**

Project Title: **One Year Countywide Contract for the Rehabilitation of Sanitary Sewers By The Cured-In-Place Pipe Lining Method For PMCM Project (FY 2017)**

The above-referenced contract is being considered for small business Set Aside contract measure. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **9:00 AM, FRIDAY, SEPTEMBER 23, 2016.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to caesars@miamidade.gov**. If you have any questions, please contact me at (305) 375-3141.

Sincerely,

Caesar Suarez
SBD Capital Improvement Project Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
111 NW 1st Street, 19th Floor, Miami, FL 33128
☎Office: (305) 375-3141 | 📠Fax: (305) 375-3160
Email: caesars@miamidade.gov
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<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the Project Review Process at <http://www.miamidade.gov/smallbusiness/projects-under-review.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: Caesar Suarez

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **One Year Countywide Contract for the Rehabilitation of Sanitary Sewers By The Cured-In-Place Pipe Lining Method For PMCM Project (FY 2017)**

PROJECT NUMBER: **RPQ P0193**

Estimated Contract Amount: \$4,171,500.00

(Scope of work and minimum requirements for this project is attached.)

NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: One Year Countywide Contract for the Rehabilitation of Sanitary Sewers By The Cured-In-Place Pipe Lining Method For PMCM Project (FY 2017)

PROJECT NUMBER: RPQ P0193

ESTIMATED AMOUNT: \$4,171,500.00

SCOPE OF WORK:

This project consists of furnishing all labor, materials and equipment for rehabilitating defects in 8 through 36 inch diameter gravity sanitary sewer pipes and 6 inch diameter service laterals by the cured-in-place pipe lining method at various and different locations.

Can your firm provide the scope of work referenced for this contract? ☐ Yes or ☐ No

QUALIFICATIONS OF BIDDERS:

The successful bidder shall submit a schedule of their proposed work, as bid, including information on the experience of the firm, the personnel assigned to the repair work and especially the experience of the crew leaders who will actually run the work in the field, as well as information on all equipment and the type of process that will be used for lining (see questionnaire in the Quotation). The Contractor must certify that he has a minimum of two (2) installation crews and equipment in order to complete the work in a timely fashion. The Department reserves the right to reject individual crew leaders due to either inadequate experience, or unsatisfactory or poor performance on the job (in the Department's or the Engineer's opinion). Along with his bid, the Contractor must submit proof that his/her firm has been regularly and successfully engaged in the commercial installation of the liner product for a minimum of one (1) year, and has successfully performed an aggregate amount of at least 100,000 linear feet of sanitary sewer repairs of pipes 8 through 27 inches in diameter in subaqueous conditions.

Can your firm submit proof that that your firm has been regularly and successfully engaged in the commercial installation of the liner product for a minimum of one (1) year, and has successfully performed an aggregate amount of at least 100,000 linear feet of sanitary sewer repairs of pipes 8 through 27 inches in diameter in subaqueous conditions?

☐ Yes or ☐ No (If Yes, please submit along with your response)

LICENSES:

One of the following types of licenses required are: State of Florida General Contractor, General Builder, Underground Utility and Excavation, Pipeline Engineering Contractor, General Engineering Contractor or any other category as applicable by Chapter 489 of the Florida Statutes or Chapter 10 of Miami-Dade County Code.

Does your firm possess any of the above licenses referenced above? ☐ Yes or ☐ No

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: caesars@miamidade.gov or via fax (305) 375-3160 attention Caesar Suarez.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the work as required.

_____ Subcontractor (SUB) has experience similar scopes of work and can perform portions of the required work as required.

_____ PRIME/SUB **DOES NOT** have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____

PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Services":

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

REASONS & COMMENTS
